Operational Support Office Reserve Information Sheet

**Instructions

- (1) Complete all fields of the form and submit via email to your Detachment Training Officer.
- (2) Once approved at Det. level, Det. TO will route form to OHSU HQ Training Officer.
- (3) HQ Training Officer will submit approved forms to OSO's office for issuance of BCN to member via email only.
- (4) Member may input the BCN to NROWS and route.

***Member should not contact the OSO directly, please utilize your Det. TO and chain of command. Please allow 14 days before you receive your BCN. Then allow 14 days before NROWS orders are approved/funded (CONUS) before contacting your Det. TO.

Last Name			First Name			
Rank/Rate			NOBC/NEC/SSP	2		
Email Address			Last 4 SSN:			
Home Phone			Cell Phone			
Home Address			City/State/Zip			
Department or		Desired Dates		Number of Da	ys Requested	
Clinic Requested		(Must start on a Monday, non-holiday)		7)		
1.						
2.						
LAST TWO AT'S PERFORME		ED AT:		DATES:	DATES:	
1.						
2.						
Unit Information						
OHSU			OIC of DET			
DET			OIC Email			
DET TO			OIC Phone			
TO Email			TRUIC/AUIC			
OHSU – Operational Health Support Unit NHCP – Naval Hospital Camp Pendleton OSO – Operational Support Office BCN – Billet Control Number AUIC – Active Unit Identification Code (Gaining Comma TRUIC – Training Unit Identification Code (Reserve Uni			TO – Training Officer DET – Detachment OIC – Officer In Charge SSP – Subspecialty Code			
AUIC – Active Unit Identification			SSP – Subspeciait	ty Code		
AUIC – Active Unit Identification TRUIC – Training Unit Identifica	tion Code (Reserve U	nit/Detachment)	-	ry Code		
AUIC – Active Unit Identification TRUIC – Training Unit Identifica ***MEMBER-DO N	OT COMPLE Denied	nit/Detachment) TE BELOW T Date	-	ty Code		
AUIC – Active Unit Identification TRUIC – Training Unit Identifica ***MEMBER-DO N Det. TO: Approved	otion Code (Reserve Ui OT COMPLE Denied	nit/Detachment) TE BELOW T Date	HIS LINE			
AUIC – Active Unit Identification TRUIC – Training Unit Identifica ***MEMBER-DO N Det. TO: Approved Comments	OT COMPLE Denied ed: Approved	nit/Detachment) TE BELOW T Date Denied	HIS LINE			
AUIC – Active Unit Identification TRUIC – Training Unit Identificat ***MEMBER-DO N Det. TO: Approved Comments HQ Senior Exec/Enlist HQS. TO: Approved Comments	ottion Code (Reserve Ui OT COMPLE Denied ed: Approved Denied	nit/Detachment) TE BELOW T Date Denied Date	HIS LINE	ments	e Member &	

This document may contain information covered under the Privacy Act, 5 USC 552(a), Health Insurance Portability and Accountability Act, Public Law 104-191, and DoD Directive 6025.18. It must be protected in accordance with those provisions.

^{***} If you need to cancel your AT for any reason, please contact the Det. TO and OSO at 760-725-1342/1373 or by Email: nhcpen-oso@med.navy.mil as soon as you identify your need to cancel.